Medical College and Hospital

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 02/2021

Date: 20 .5.2)

Name in Full (BLOCK LETTERS)	DR. BHAGINATI	
Department		
Designation	Opthalmology Perofessor	
Phone Number	9626249484	
Email ID	bandwekara yahoo com	
TNMC Reg. No	143677	

Name of the Workshop / Seminar/Conference/FDP	All India Of Humbai.	hthalmological	Conference,
Nature of Event	Online	Offline	/
Date/Duration of the Event		2021	
Place of Event			
Registration Fee	Rs. 5000 /-		
Total Expenditure			
Mode of Payment	/	ash	
Date of Transaction & ID	1	, 20,	

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

B. Halla D

YES

NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 04/2022

Date: 19.5. 22

Name in Full (BLOCK LETTERS)	DR. VISHNUPRIYAA
Department	Paediatrics
Designation	
Phone Number	9443436736
Email ID	dazzyling vish 18@gmail · com
TNMC Reg. No	

Name of the Workshop / Seminar/Conference/FDP	Vacciquiz - SRM		
Nature of Event	Online Offline		
Date/Duration of the Event	2021-22 (21.5.22)		
Place of Event			
Registration Fee	Rs^	2500	
Total Expenditure			
Mode of Payment	(ach	
Date of Transaction & ID		1	

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES -

NO

TRUE CORY ATTESTED

ACCOUNTS OFFICER

BEI MANAKULA VINGTAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHAL KUPPAM, MADAGADIPET, PHOUGHERTY-805 107.

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

DR. S. YUVARAJAN

Respiratory Medicine Perofusor + Head.

Outward No: 06/2022

Name in Full (BLOCK LETTERS)

Department Designation

Phone Number

Date: 25.4.22

Email ID	nsi vagname @ yahoo : com		
TNMC Reg. No	84441		
Name of the Workshop / Seminar/Conference/FDP	NAPLON 202	21, Varanoisi	
Nature of Event	Online	Offline	
Date/Duration of the Event	2021-22 (30.4.22)		
Place of Event			
Registration Fee	Ps. A	500	
Total Expenditure			
Mode of Payment	C	woh	

9751115447

Signature of the Applicant

Date of Transaction & ID

TRUE COPY ATTESTED

Signature of the HOD

FOR OFFICE USE ONLY

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSDITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Amount Received Paid:

YES

N

ACCOUNTS OFFICER

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

DR. YUVARAJAN. 8

Outward No: 09/.	202/	
------------------	------	--

Name in Full (BLOCK LETTERS)

Date: 24 · 2 · 21

Department	Respiratory	Medicine	
Designation	Perofessor	+ head	
Phone Number	9751)1544		
Email ID		@ Yahoo: com	
TNMC Reg. No	8 4441		
Name of the Workshop / Seminar/Conference/FDP	Pulmonary Ma Disase, AIH	initestations of Co S, Jodhpur	nnee live lime
Nature of Event	Online	Offline	V
Date/Duration of the Event		2021	
Place of Event		Qv.	The King
Registration Fee	Pr- 3	3000/-	
Total Expenditure			

Signature of the Applicant

Date of Transaction & ID

Signature of the HOD

FOR OFFICE USE ONLY

Mode of Payment

Amount Received Paid:

R. Weller W

YES

NO

TRUE CORY ATTESTED

ACCOUNTS OFFICER

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 12/2022

Date: 19.5.22

Name in Full (BLOCK LETTERS)	DR-SHOBANAS	
Department	Pardiatrics	
Designation		
Phone Number	9790456869	
Email ID	shobana seikrish 95 @ gmail. com	
TNMC Reg. No	_	

Name of the Workshop / Seminar/Conference/FDP	Vacciquiz - SRM			
Nature of Event	Online Offline			/
Date/Duration of the Event	20d1 - 22 (21.5.22)			
Place of Event				
Registration Fee	Rs. 2500			
Total Expenditure				
Mode of Payment		Carh	A HEAR	
Date of Transaction & ID			10 % () 10	

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

)

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 10%.

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 16/2022

Date: 24.5.22

Name in Full (BLOCK LETTERS)	DR. KIRUBA SHANKAR
Department	
Designation	Emergency Medicine Senior Resident
Phone Number	9789396664
Email ID	kiruba 13 19 4 @ gmail . com
TNMC Reg. No	121592

Name of the Workshop / Seminar/Conference/FDP	Astr Into	national Emorgency
Nature of Event	Online	Offline
Date/Duration of the Event		2021-22 (27.5.22)
Place of Event		ava 1
Registration Fee		Rs. 4000
Total Expenditure		1000
Mode of Payment		Consh
Date of Transaction & ID		Cod 11

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

0

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPANA ADAGADDEL MURINGWENTEN TORKA DURECTOR

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 22/2022

Date: 05.06.22

Name in Full (BLOCK LETTERS)	Dr. Priyadharshini . D		
Department	OBG		
Designation	Associate Professor		
Phone Number	805655 4729		
Email ID	Priyad mbbs @ gmail . com		
TNMC Reg. No	97075		

Name of the Workshop / Seminar/Conference/FDP	Laparos copi	Training		
Nature of Event	Online	Offline	N	
Date/Duration of the Event	2021 - 22.			
Place of Event				
Registration Fee	Rs.	30001-		
Total Expenditure		X		
Mode of Payment	cash			
Date of Transaction & ID				

D. Pri Jackarchini Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

O

TRUE COPY ATTESTED

ACCOUNTS OFFICER

BRI MANAKULA VINAYAGAR MEDICAL COLLEGE À HOSPITA KALITHEERTHALKUPPAM. . . . MANAGABIPET, PUDUCHERRY-605 107.

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 43/2022

Date: 15. 2. 22

Name in Full (BLOCK LETTERS)	Dr. Inparasi
Department	OBG
Designation	Assistant Perofessor
Phone Number	8098177187
Email ID	inparasigh @ yahoo . Com
TNMC Reg. No	114658

Name of the Workshop / Seminar/Conference/FDP	Laproscopic simulation Train			
Nature of Event	Online Offline			
Date/Duration of the Event	2021 - 22 (17.2 - 22)			
Place of Event				
Registration Fee	ks. 30	001-		
Total Expenditure		<i>y</i>		
Mode of Payment	cash '			
Date of Transaction & ID				

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount	Received
Paid:	

YES NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULAWINAYAGAR MEDICAL COLLEGE HIGSPITAL MEDICAL COLLEGE HIGSPITAL KALITHEE THANKULERIY-605 107.

Medical College and Hospital

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 56/2022

Date: 3.6 .22

Name in Full (BLOCK LETTERS)	DA: K. NAVEENKUMAR
Department	orthopaedics
Designation	Assistant perofessor
Phone Number	9486839680
Email ID	dgonnaven@ gmail. Com
TNMC Reg. No	100797

Name of the Workshop / Seminar/Conference/FDP	Lumbar Disc Disease -c			
Nature of Event	Online Offline			
Date/Duration of the Event	2021 - 22 (5.6.22)			
Place of Event				
Registration Fee	Ps. 15001-			
Total Expenditure				
Mode of Payment	c	orsh i		
Date of Transaction & ID				The second

K Naneen Kumar Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULA VINAYAGAR MEDICAL COLLÈGE & HOSPITAL KALITHEERTHAL KUPPAKI, MADAGADIPET, PHOYCHERRY-605 10%



(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: \$58/2020

Date: 26.10.2020

Name in Full (BLOCK LETTERS)	Da. ARUN'S
Department	
Designation	Professor + Head
Phone Number	9787274770
Email ID	Skkap @ yahoo. co. in
TNMC Reg. No	77901

Name of the Workshop / Seminar/Conference/FDP	TANPSYCON - 2020			
Nature of Event	Online Offline -			
Date/Duration of the Event	2020	2		
Place of Event				
Registration Fee	Rs. 15001-			
Total Expenditure				
Mode of Payment	Cash.			
Date of Transaction & ID				

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULA VINATAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHAL KUPPAM, MADAGADIPET, PUDUCHERRY-805 10E

Medical College and Hospital-

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 61/2020

Date: 6.11.26

Name in Full (BLOCK LETTERS)	Dr. RENUGA DEM
Department	opthalmology
Designation	Assistant Professor
Phone Number	9894995351
Email ID	dem bu2009@ gmail. com
TNMC Reg. No	57587

Name of the Workshop / Seminar/Conference/FDP	5-t-abienus Workshop.			
Nature of Event	Online Offline			
Date/Duration of the Event		2020	145	
Place of Event				
Registration Fee	Ps. 3200) -		
Total Expenditure		5		
Mode of Payment	cash.			
Date of Transaction & ID				

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES -

NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULA VINAYAĞAR MEDICAL COLLEGE 8 HOSPITAL KALITHERTHAL KUPPAM. MADAGADIPET, FÜDÜĞLE KIPVIĞIK 1144

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 72/2020

Date: 20.6.2020

Name in Full (BLOCK LETTERS)	Da. PRAGASH. M
Department	Onthopaedics
Designation	Professor
Phone Number	9442044239
Email ID	gragashm 76 @ yahoo com
TNMC Reg. No	80115

Name of the Workshop / Seminar/Conference/FDP	9th A Onthopa	nnual edic t	Conference sociation	of Pondicherry
Nature of Event	Online		Offline	5
Date/Duration of the Event		2020		
Place of Event			70.	
Registration Fee	Rs. 3500	P2		And Inches
Total Expenditure				
Mode of Payment	cash.	1		
Date of Transaction & ID			- 10 W 45 9	

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES /

10

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHAL KUPPAM, MADAGADIPET, PUBUSHERRY-505 HAT.

DIRECTÒR

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 78/2020

Date: 04. 11. 2020

Name in Full (BLOCK LETTERS)	DA. NISHANTHI.A.		
Department	Pharmacology		
Designation	Assistant perofessor		
Phone Number	8870328494		
Email ID	drnishanthipharma gmails com		
TNMC Reg. No	100 55		

Name of the Workshop / Seminar/Conference/FDP	CME on	Genomic	and Apt	elications
Nature of Event	Online		Offline	
Date/Duration of the Event		2020		
Place of Event				
Registration Fee	Rs.	2000)-		
Total Expenditure				
Mode of Payment	cass	2		
Date of Transaction & ID	9 115 16			

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

BEAN
BRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MEDICAL COLLEGE & HOSPITAL
MALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY: 605 107.

Medical College and Hospital

REIMBURSEMENT FORM

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 83/2020

Date: 14.10.2020

Name in Full (BLOCK LETTERS)	DA. NOORUL NASHEEHA · N
Department	OBG
Designation	Assistant Perofesson
Phone Number	948744 1336
Email ID	noor manaashi @ gmail. com
TNMC Reg. No	121641

Name of the Workshop / Seminar/Conference/FDP	E-PICSEP Workshop on Research		
Nature of Event	Online Offline		
Date/Duration of the Event	203	20	
Place of Event			
Registration Fee	Rs: 30001-		
Total Expenditure			
Mode of Payment	cash.		
Date of Transaction & ID	Y		

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

TRUE COPY ATTESTED

ACCOUNTS OFFICER

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY 605 107.

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 85/2020

Date: 17.7.20

Name in Full (BLOCK LETTERS)	Dr. REENAL MOHAN.
Department	Community Medicine
Designation	Assistant professor
Phone Number	9003985472
Email ID	reen aa moh an 1406 @ gmail com
TNMC Reg. No	103033

Name of the Workshop / Seminar/Conference/FDP	Loss to flow up of TB Patients in IAPSMCON 2020	
Nature of Event	Online Offline	
Date/Duration of the Event	2020	
Place of Event		
Registration Fee	Ps. 70001-	
Total Expenditure		
Mode of Payment	cash'	
Date of Transaction & ID	MADAGADIT C., I GOOGIETING - 65 107-4	

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES NO

BHIladi

ACCOUNTS OFFICER

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR,
MEDIGAL COLLEGE & HOSPITAL
KALTHEERTHALKUPPAM,
MADAGADIPE I, PUDUCHERRY-805 107.

Medical College and Hospital-

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 89/2020

Date: 3.2.21

Name in Full (BLOCK LETTERS)	DA. RAJALAKSHMI		
Department	Community Medicine		
Designation	Assistant professor		
Phone Number	9043726153		
Email ID	dr ny alakshmi mahe @ g mail · com		
TNMC Reg. No	95363		

Name of the Workshop / Seminar/Conference/FDP	National Conference in nutrition		
Nature of Event	Online	Offline	
Date/Duration of the Event	0	2020-21 (5.2.21)	
Place of Event			
Registration Fee	Ry, 30	000/-	
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID		l and the second	

Dr. Rajo la lu-Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

Beller

YES

NO

TRUE CORY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULA VINAYAĞAR MEDICAL COLLEGE & HOSPITAL KALITHERTHAL KUPPAM MARAGADIPET, PLIDÜK HERRYIBOS MA

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 91/2020

Date: 30.9.20

Name in Full (BLOCK LETTERS)	DA. N.A. PRIYADHARSHIN,
Department	Anatomy
Designation	Associate professor
Phone Number	9946861323
Email ID	adipriyas 9 @ gmail . com
TNMC Reg. No	86844

Name of the Workshop / Seminar/Conference/FDP	Adope Dustrator.			
Nature of Event	Online	10 18 11 11	Offline	1
Date/Duration of the Event	2020			
Place of Event				
Registration Fee	Ps. 15001-			
Total Expenditure				
Mode of Payment	eash		8. 1	
Date of Transaction & ID				
Signature of the Applicant			√.V.	P. Sullu

N. O. Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

MEDICAL COLLEGE'S HOSPITAL
KALITHEERTHAL KUPPAM,
WADAGADIPET, PARDUCHERRY-605 TOT.

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 93/2619

Date: 14.08.2019

Name in Full (BLOCK LETTERS)	Da. G. KALAISELVAN
Department	community medicine
Designation	Perofesson
Phone Number	9843155060
Email ID	kalaiselvan md Qgmail. Com
TNMC Reg. No	71617

Name of the Workshop / Seminar/Conference/FDP	Advanced Reseas	or ch Methods wi	th hands cal soft wave
Nature of Event	Online	Offline	
Date/Duration of the Event	2019	9	A STATE OF THE STA
Place of Event			
Registration Fee	Rs. 60001-		Hate I
Total Expenditure	WARE TO SERVICE THE PROPERTY OF THE PROPERTY O		
Mode of Payment	cash.	1444	
Date of Transaction & ID			

Signature of the Applicant

Signature of the HOD

FFICE US	E ONLY
FFICE US	E ONL)

Amount Received Paid:

YES

0

ACCOUNTS OFFICER

TRUE COPY ATTESTED

DIRECTOR

DEAN DEAN MANAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, KALITHEERTHALKUPPAM, MADAGADIPET, PUDUGHERRY-605 107.

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 95/2019

Date: 29.12.2019

Name in Full (BLOCK LETTERS)	Dr. REVATHIG.
Department	Pathology
Designation	12
Phone Number	80 15 4 9 4 65 3
Email ID	ruvathi.g. maha @ gmail. com
TNMC Reg. No	104255

Name of the Workshop / Seminar/Conference/FDP	Annual Rapid Review Course SPARRC-			
Nature of Event	Online		Offline	N
Date/Duration of the Event	2019			
Place of Event				
Registration Fee	Rs. 30001-			
Total Expenditure				
Mode of Payment	Cash.			
Date of Transaction & ID	1			

Signature of the Applicant

Enli Aurob Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES N

o

ACCOUNTS OFFICER

TRUE COPY ATTESTED

DIRECTOR

SEI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 97/2019

Date: 15.11.2019,

Name in Full (BLOCK LETTERS)	Dr. SUDA· R.
Department	Anatomy
Designation	7-9-1-1-1
Phone Number	9585428166
Email ID	sudanatomy @ gmail. Com
TNMC Reg. No	-

Name of the Workshop / Seminar/Conference/FDP	Cruidelines Research O	for applying -	extranural y development
Nature of Event	Online	Offline	
Date/Duration of the Event	2019		
Place of Event	10 10 12		
Registration Fee	Rs. 35001-		
Total Expenditure			
Mode of Payment	cash		
Date of Transaction & ID			
200		K.V.	P Jun Cun'i

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

B. Delly W

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
KALITHEERTHALKUPPAM,
HADAGAOIPET, PUDUCHERRY-605 107.

DIRECTOR

ACCOUNTS OFFICER

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

- Da · SUDA · R.

Anatomy

Outward No: 99/2019

Name in Full (BLOCK LETTERS)

Department

Date: 01.12.2017

Designation				
Phone Number	9585428166			
Email ID	suda anatomy @ gmail.com			
TNMC Reg. No	_			
Name of the Workshop / Seminar/Conference/FDP	skills in so	ientific woulting		
Nature of Event	Online	Offline		
Date/Duration of the Event	2019			
Place of Event				
Registration Fee	Rs. 3500 1-			
Total Expenditure			N 187 1	
Mode of Payment	cash.			
Date of Transaction & ID				
Signature of the Applicant		Signature of	. P. Surkune	

FOR OFFICE USE ONLY

Amount Received Paid:

YES

NO

TRUE COPY ATTESTED

ACCOUNTS OFFICER

SELMANDALLA VINAYAGAR
MEDICAL COL PEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 1071

DIRECTOR

Signature of the HOD

(WORKSHOP/SEMINAR/CONFERENCE/FDP)

Outward No: 10 8/2020

Date: 24. 1. 2020

Name in Full (BLOCK LETTERS)	Dar NITYA.
Department	Pharmacology
Designation	Pharmacology Assistant Professor
Phone Number	9787679839
Email ID	de nitya pharma cology @ 9 mail. com
TNMC Reg. No	84501

Name of the Workshop / Seminar/Conference/FDP	Virtual CHE - Grood clinical practice in Human Ferench				Virtual CHE - Good cli in Human Perearch		- Practice
Nature of Event	Online		Offline	1			
Date/Duration of the Event		2019 -	2020 (2	3.1.2020)			
Place of Event							
Registration Fee	Rs · 1500 1-						
Total Expenditure							
Mode of Payment	Cash						
Date of Transaction & ID	1 164						

Signature of the Applicant

Signature of the HOD

FOR OFFICE USE ONLY

Amount Received Paid:

YES -

NO

TRUE GOPY ATTESTED

ACCOUNTS OFFICER

SRI MANAKULE VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUDHERRY-605 107.